

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000127660

Entity Name: SKYLINE CONSTRUCTION CORP

FILED
Mar 10, 2007
Secretary of State

Current Principal Place of Business:

4713 W OAKELLAR AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4713 W OAKELLAR AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-1591520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAWSON, LOUIS H III
4713 W. OAKELLAR AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOUIS DAWSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAWSON, LOUIS H III
Address: 4713 W. OAKELLAR AVE
City-St-Zip: TAMPA, FL 33611

Title: V () Delete
Name: DAWSON, NICOLE Y
Address: 4713 OAKELLAR AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS DAWSON

P

03/10/2007

Electronic Signature of Signing Officer or Director

Date